2700 INTERNAL TRANSFER REQUEST FOR S.N. 09/927,735

DATE: 1-18-02	FROM: Chauvan _____ (print name)

FORWARD TO:

A. Art Unit: 2644

B. Class: 379

C Subclass: 4P

REASON(S):

	(check box)
A. You had Parent	
B. See Title	(check box)
C. See Abstract	✓ (check box)
D. See Claim(s):	✓
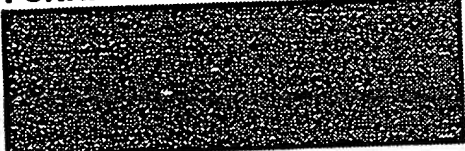
FURTHER EXPLANATION IF NEEDED:

no audio or speech processing

DATE:	FROM: _____ (print name)

FORWARD TO:

A. Art Unit: _____

B. Class: _____

C Subclass: _____

REASON(S):

	(check box)
A. You had Parent	
B. See Title	(check box)
C. See Abstract	(check box)
D. See Claim(s):	

FURTHER EXPLANATION IF NEEDED:

See Spec. Page 1, Your Examiners did Parent Cases.

DATE:	FROM: _____ (print name)

FORWARD TO CLASSIFIER

REASON(S):

	(check box)
A. You had Parent	
B. See Title	(check box)
C. See Abstract	(check box)
D. See Claim(s):	

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE:	CLASSIFIER: _____

FORWARD TO:

A. Art Unit: _____

B. Class: _____

C Subclass: _____

REASON(S):

	(check box)
A. You had Parent	
B. See Title	(check box)
C. See Abstract	(check box)
D. See Claim(s):	

FURTHER EXPLANATION IF NEEDED: